

that afternoon there was a sudden collapse. The use of stimulants and quinine soon reduced the pulse from 190 to its former frequency, and gave us some hope for a recovery. On the morning of the third day, however, symptoms of suffocation began to show themselves, and the child would throw out from time to time hard shreds of mucous membrane with a temporary relief of the symptoms. The percussion sound was normal and clear posteriorly, but somewhat duller than usual anteriorly. The symptoms of suffocation gradually grew more and more manifest, and the child died last evening in about the same condition as he would have died from the first attack of croup. I have to state that one of the attempts to cure consisted in introducing a pretty strong solution of nitrate of silver. This was done day before yesterday at intervals of thirty-six and twelve hours before death. After the first attempt the child's breathing seemed to be less embarrassed, especially after some of the shreds of membrane were torn out by the feather containing the solution.

A portion of the larynx, pharynx, and trachea were then exhibited. Portions of the tonsils and the whole larynx were covered with pseudo-membranes, which did not show any disposition to separate. The wound made by the operation was so covered by this membrane above and below that the process of healing had progressed very slowly. The evidences of tracheitis were very well marked. The membranous shreds could be traced down as far as the bifurcation of the bronchial tubes. The lungs were healthy, with the exception that on the left side there were pleuritic adhesions and several marks of pulmonary apoplexy.—*Am. Med. Times*, Dec. 20, 1862.

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*Black Calculus from the Kidney.*—Dr. WHITE read before the Boston Society for Medical Improvement (Sept. 22) the following report of an analysis of a black calculus which was shown, lying in the kidney, by Dr. J. Wyman, at a former meeting. Shape, obtuse almond. Weight, 40 grains. Length, 10 lines. Width, 6 lines. Thickness, 4 lines.

Its surface is almost wholly covered with well-marked, conical papillæ and crystalline projections, and is of an intensely black colour, with the exception of two small, deltoid-shaped portions. These are of a yellowish-white colour, and are situated upon one of the flat surfaces, their acute angles nearly meeting in the centre, and forming a depressed girdle, by which constriction the stone was tightly held within the sac, from which it only half projected, and was with difficulty removed. The black substance is hard, shiny in places, and not easily detached. It is deposited in a uniform layer, nowhere exceeding one-third of a line in thickness.

Portions of this matter, examined by the microscope, were found to be so deeply coloured as to possess no transparency. Treated with concentrated *acetic* and *sulphuric* acids they remained entirely unchanged. *Hydrochloric* acid appeared to have no other effect upon them than to extract a little oxalate of lime, which forms the principal part of the substratum, upon which the colouring matter rests. In *alcohol* and *ammonia* alike unaffected. Boiled with a strong solution of *potash*, the liquid assumed a brown colour, which on cooling deposited an amorphous, dark-coloured matter, and became colourless again. The fragments thus treated were changed to a deep yellowish-brown, and exhibited a concentric, lamellated structure, some of the layers representing circles of small diameter. *Nitric acid*, concentrated, produced a brisk effervescence, and very gradually destroyed the black colouring matter, leaving behind an orange-tinted, uniform tissue, of the original shape and size. After spontaneous evaporation various crystalline forms were observed, some of which were of a yellow colour, but in too small quantity to admit a satisfactory examination. A careful analysis was made of as much of the black matter as it was thought well to remove, for iron, but the most delicate tests failed to discover its presence.

What, then, is this peculiar substance? It might at first be taken for hæmatine or some of its modifications, perhaps melanine; but all the blood pigments, as is well known, contain iron, and not a trace of this metal was discoverable in the portion examined, nor do the results of the above tests at all agree with the ordinary reactions of such substances. It would be a very interesting point, moreover, to determine whether the patient ever was affected with hæmaturia,

and even if he had been, it seems impossible that so black a pigment could be formed from the coagulation of blood. Whether we are dealing with simple colouring matter, accidentally mixed with some fibrinous or albuminoid substance, which forms the chief proportion of the layer, as shown by the experiments given, or whether the two are *one* unknown body, it is impossible to decide with the small amount of material at command. The latter, however, seems by far the more probable, for I have never seen, nor heard of, a similar substance of any colour as a constituent of a urinary calculus.

If, then, we give up the blood as the origin of its formation, can we turn to the urine more hopefully for a solution? I believe not, if we limit its resources to the production of the colouring matters already known, and as exhibited in normal or abnormal conditions; for it has no resemblance to urophæin, uroxanthin, or uroerythrin. Moreover, the darkest known pigments the urine is capable of producing, are those imparted to crystals of uric acid, and those which colour certain oxalate of lime calculi; but neither of them even approach in intensity the unique specimen now before us. The results of our analysis, therefore, are negative only, and with such we must rest satisfied, for perhaps nothing more definite would result from the employment and destruction of the entire specimen.

Coating the surfaces of the triangular facets, which were protected from the deposition of pigment by contact with the lips of the sac, is a layer of yellowish-white material, composed chiefly of organic matter. By the microscope, large masses of round cells are seen, filled with a fluid, colourless fat, and encrusted with *carbonate of lime*. On the addition of any fluid, the cell walls burst, and allow the fat in large quantities to float away. When treated with acid, thin, membranous flakes are observed, which, with the aggregation of fat cells, are undoubtedly portions of the kidney or cyst, which had undergone fatty degeneration. From the same portions, *oxalate of lime* was also extracted.

On boring into the centre of the calculus, from this point, its interior, the great body of the stone, in fact, was found to be of a hard, gritty nature, and of a grayish-white colour. This was found, on analysis, to consist of large crystals of *oxalate of lime*, resembling, beneath the microscope, angular fragments of silica, together with a small portion of *carbonate of lime*.

To review, then, the calculus is composed of—1st, an outside layer of some unknown black colouring matter; 2d, of portions of metamorphosed animal tissue; 3d, of oxalate and carbonate of lime.—*Boston Med. and Surg. Journ.*, Nov. 6, 1862.

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*Case of Poisoning from the Pollen of the Common Yellow Tiger Lily.*—Dr. JEFFRIES WYMAN read before the Boston Society for Medical Improvement (Oct. 27th) the following report of a case by Dr. R. T. Warren, of Waltham, Mass. :—

“Mrs. B. was making a call at a neighbour’s, having with her a little daughter, 4 years old. The child was ‘perfectly well,’ the mother said, and had been so. It played with another little girl, and did not go out of the room during the call. The little girl came to Mrs. B., requesting her to go and see Fanny, the name of the child. Mrs. B. went, and found Fanny rubbing her nose very violently. Soon there was a profuse discharge of mucus from the nose, coloured yellow. The mother questioned the child, and ascertained that she had reached her hand out of the window, taken an anther from a tiger lily, and passed it into the right nostril. The child pointed out the lily, and the mother found just one anther missing. Mrs. B. was particular in her inquiries, and the child was positive in stating what she had done. Vomiting soon followed the discharge of mucus from the nose. This consisted at first of chyme, having no appearance of undigested food, and was followed by vomiting of mucus, coloured yellow, the same as the discharge from the nose. The child then wanted to go to sleep. The mother took her home, and then sent for me. I saw her at 6 P.M., Wednesday, August 13, about an hour after the anther was passed into the nose. The child appeared sleepy, but was easily roused, and was intelligent. Vomiting of mucus, tinged yellow, occurred while I was present. The yellowness did not seem to be caused by bile. The symptoms did not seem at all alarming. Not aware that the tiger lily possessed any poisonous properties, I felt no anxiety, and